

Womble Carlyle - ATL 11/5/03

4:17

PAGE 1/25

RightFax

NOV 05 2003

**WOMBLE
CARLYLE
SANDRIDGE
& RICE**

A PROFESSIONAL LIMITED
LIABILITY COMPANY

One Atlantic Center
1201 West Peachtree Street, N.E.
Suite 3500
Atlanta, GA 30309

Telephone: (404) 872-7000
Fax: (404) 888-7490

GEORGIA
NORTH CAROLINA
SOUTH CAROLINA
VIRGINIA
WASHINGTON, D.C.

OFFICIAL

FACSIMILE

Please call us at the following number if the message you receive is incomplete
or not legible: (404) 872-7000.

TO	Examiner Edward Cosimano	Wednesday, November 05, 2003 4:1
	<small>Name</small>	<small>Date</small>
	USPTO, Art Unit 3629	1 (703) 872-9306
	<small>Company/Firm</small>	<small>Fax #</small>
FROM	John Timar	(404) 870-8177
	<small>Name</small>	<small>Direct Fax #</small>
	Number of Pages (Including Cover) 25	(404)888-7412
		<small>Direct Dial #</small>

MESSAGE:

Re: Serial No. 10/057,608; Filed January 24, 2002

CONFIDENTIAL AND PRIVILEGED

The information contained in this facsimile is privileged and confidential information intended for the sole use of the addressee. If the reader of this facsimile is not the intended recipient, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this FAX in error, please immediately notify the person listed above, and return the original message by mail to the sender at the address listed above.

OFFICIAL

**RECEIVED
CENTRAL FAX CENTER**

NOV 05 2003

In re application of:) Examiner: **Cosimano, E.**
Hungerpiller, et al.) Group Art Unit: **3629**
Serial No: **10/057,608**) Attorney Docket No.: **R105 1010.1**
Filed: **January 24, 2002**)
For: **System and Method for Processing Returned Mail**

AMENDMENT TRANSMITTAL LETTER

Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ No additional fee is required.
- ☐ A check in payment of the fee is attached.

The fee has been calculated as shown below.

CLAIMS AS AMENDED					
	Claims after Amend.	Highest Prev. Paid For	Extra	Rate SE/LE	Additional Fee
Total Claims	38	- 38	= 0	X \$9/\$18	= \$0
Indep Claims	4	- 4	= 0	X \$42/\$84	= \$0
			Total Additional Fee for this Amendment = \$0		

- ☐ A check in the amount of \$ _____ is enclosed.
- ☐ The Commissioner is hereby authorized to charge the Amendment Fee of \$____.00 to our Deposit Account No. **09-0528**.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to our Deposit Account No. **09-0528**.

Respectfully submitted,

11/5/03
Date

John J. Timar
Reg. No. 32,497

Womble Carlyle Sandridge & Rice, PLLC
P.O. Box 7037
Atlanta, GA 30357-0037
(404) 872-7000 (Telephone)
(404) 888-7490 (Facsimile)

Docket Number: R105 1010.1

Certificate of Facsimile Transmission
I hereby certify that the following papers are
being facsimile transmitted to the U.S. Patent and
Trademark Office, telephone number (703) 872-
9306, on 11/5/03

OFFICIAL

0.1 #7/c
Walden
11.12.03

208